

# Federal Advisory Committee (FAC) Membership Balance Plan

Please read the Federal Advisory Committee Membership Balance Plan Guidance prior to completing this form.

<b>(1) FEDERAL ADVISORY COMMITTEE NAME</b> <i>State the legal name of the FAC</i>
<b>HEALTHCARE INFECTION CONTROL PRACTICES ADVISORY COMMITTEE (HICPAC)</b>
<b>(2) AUTHORITY</b> <i>Identify the authority for establishing the FAC</i>
<p>Section 222 of the Public Health Service Act [42 U.S.C. §217a], as amended. The committee is governed by the provisions of Public Law 92-463, as amended (5 U.S.C. App. 2), the Federal Advisory Committee Act, which sets forth standards for the formation and use of advisory committees.</p>
<b>(3) MISSION/FUNCTION</b> <i>Describe the mission/function of the FAC</i>
<p>HICPAC provides advice and guidance to the Secretary, Department of Health and Human Services (HHS); the Director, Centers for Disease Control and Prevention (CDC); Deputy Director, Office of Infectious Diseases (OID), CDC; the Director, National Center for Emerging and Zoonotic Infectious Diseases (NCEZID), CDC; and the Director, Division of Healthcare Quality Promotion (DHQP), NCEZID, CDC, regarding the practice of infection control and strategies for surveillance, prevention, and control of healthcare-associated infections, antimicrobial resistance and related events in settings where healthcare is provided, including hospitals, outpatient settings, long-term care facilities, and home health agencies.</p> <p>The committee shall advise the CDC on periodic updating of existing guidelines, development of new guidelines, guideline evaluation; and other policy statements regarding the prevention of healthcare-associated infections and healthcare-related conditions.</p>
<b>(4) POINTS OF VIEW</b> <i>Based on understanding the purpose of the FAC,</i> <i>(a) describe the process that will be used to ensure the committee is balanced, and identify the categories (e.g. individual expertise or represented interests) from which candidates will be considered;</i> <i>(b) consider indentifying an anticipated relative distribution of candidates across the categories; and</i> <i>(c) explain how a determination was made to appoint any individuals as Special Government Employees or Representative members</i>
<p>The Committee shall consist of 14 public members, including the Chair or Co-Chairs. Specific expertise relevant to the mission/function of the Committee includes: infectious diseases, infection prevention, healthcare epidemiology, nursing, clinical microbiology, surgery, epidemiology, hospitalist medicine, internal medicine, health policy, health services research, public health, and related medical fields. Members shall be deemed Special Government Employees.</p> <p>The Committee shall also consist of nonvoting Federal representatives from the Agency for Healthcare Research and Quality, the Food and Drug Administration, the Centers for Medicare &amp;</p>

Medicaid Services, the Health Resources and Services Administration, the National Institutes of Health and the Department of Veterans Affairs.

There shall also be non-voting representatives from the Association of Professionals in Infection Control and Epidemiology, Inc.; the Society for Healthcare Epidemiology of America; the Association of periOperative Registered Nurses; the American Hospital Association; the American Health Care Association; the American College of Occupational and Environmental Medicine; the Joint Commission; the Advisory Council for the Elimination of Tuberculosis; the Health Care Acquired Infections Centre for Communicable Diseases and Infection Control, the Public Health Agency of Canada; the Society of Hospital Medicine; the Society of Critical Care Medicine; The Infectious Diseases Society of America; the Consumers Union; the Council of State and Territorial Epidemiologists; America's Essential Hospitals; the Association of State and Territorial Health Officials; the National Association of County and City Health Officials; the Surgical Infection Society; DNV Healthcare; the Healthcare Facilities Accreditation Program; the American College of Surgeons; American Nurses Association; and such other nonvoting liaison representatives as the Secretary deems necessary to effectively carry out the functions of the committee. Liaisons shall be deemed representatives.

A review of a potential members' curriculum vitae, conflict of interest forms, list of publications, and committee affiliations is conducted to determine scientific expertise, points of view and committee balance. The charter is renewed every two years to determine needed expertise based on upcoming and projected committee topics. It is expected that balance is not static, and the expertise or experience relevant to the mission/function of this committee may change over time, depending on the work of the committee.

#### **(5) OTHER BALANCE FACTORS**

*List any other factors your agency identifies as important in achieving a balanced FAC*

Appointments shall be made without discrimination on the basis of age, race, gender, sexual orientation, HIV status, and cultural, religious, or socioeconomic status. A balanced committee is characterized by inclusion of the necessary knowledge, experience, and scientific perspective from the community or expertise area which the members serve.

#### **(6) CANDIDATE IDENTIFICATION PROCESS**

*Summarize the process intended to be used to identify candidates for the FAC, key resources expected to be tapped to identify candidates and the key persons (by position, not name) who will evaluate FAC balance. The summary should:*

- (a) describe the process*
- (b) identify the agency key staff involved (by position, not name)*
- (c) briefly describe how FAC vacancies, if any, will be handled by the agency; and*
- (d) state the membership term limit of FAC members, if applicable*

The DFO will solicit candidate names from within CDC and other Federal Agencies, current committee members and other sources that might include professional associations, academia, healthcare facilities, and from the peer-reviewed medical literature to determine experts in the field. The DFO also receives candidate names from individuals who self-identify. The DFO will develop a candidate list that will be evaluated by the Director, Deputy Director, Associate Directors, Branch Chiefs and Deputies of the Division of Healthcare Quality Promotion, NCEZID, CDC. The resulting top candidates will be contacted for interest and availability and reviewed by the Director of the NCEZID. This list is then submitted to the Management Analysis Services Office (MASO), CDC and the Office of Director (OD), CDC. The final list of candidates are submitted to HHS for approval. Formal letters of invitation to serve on the committee will be extended by the Secretary, HHS. If any vacancies occur during the life of the committee, the DFO will review the initial candidate list, identify the best qualified candidates to replace the lost expertise, and initiate the review process as described above. The DFO is responsible for ensuring that vacancies are filled promptly, terms remain staggered as provided in the committee charter, and, to the extent possible, full slates of nominees are submitted for vacancies.

DHQP will strive to nominate replacements for committee vacancies no later than 6 months after the position is vacated. Members shall be invited to serve for overlapping terms of up to four years, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of that term. Terms of more than two years are contingent upon the renewal of the committee by appropriate action prior to its termination. A member may serve 180 days after the expiration of that member's term if a successor has not taken office. Staggered terms exists with the goal to avoid no more than 33% of members rotating off the committee at one time. This limits frequent turnover, maintains expertise and experience, and brings new perspectives to the committee.

The Secretary, HHS or his/her designee makes the final decision about who will serve on the committee.

**(7) SUBCOMMITTEE BALANCE**

*Subcommittees subject to FACA\* should either state that the process for determining FAC member balance on subcommittees is the same as the process for the parent FAC, or describe how it is different*

*\*This is relevant to those agencies that require their subcommittees to follow all FACA requirements.*

The process that will be used to determine advisory committee member balance for the parent Federal advisory committee will be used for any subcommittees that may be created.

**(8) OTHER**

*Provide any additional information that supports the balance of the FAC*

Not applicable

**(9) DATE PREPARED/UPDATED**

*Insert the actual date the Membership Balance Plan was initially prepared, along with the date(s) the Plan is updated*

November 21, 2016